

Date Effective	Employee Name	Employee_Nurt	Allocatio	COST Fun	Cost Ce	OST Proje	OST Obje	Appropri	Utility Ac	OST Functi	Costing Element name	Element Classification	Dr Amount	Cr Amount
11/27/2013	Aleobua, Paul O	14092	000.00000	2001	365070	000000	601100	13167	000000	00000	Dept Leave	Earnings	\$228.47	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234190	13167	000000	00000	Golden Dental	Pre-Tax Deductions	\$0.00	\$2.63
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234190	13167	000000	00000	HAP Medical	Pre-Tax Deductions	\$0.00	\$103.90
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234190	13167	000000	00000	Heritage Optical	Pre-Tax Deductions	\$0.00	\$0.54
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234130	13167	000000	00000	DC Hart NR	Pre-Tax Deductions	\$0.00	\$150.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234110	13167	000000	00000	City_RS	Tax Deductions	\$0.00	\$38.51
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234150	13167	000000	00000	FIT	Tax Deductions	\$0.00	\$158.47
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603300	13167	000000	00000	Medicare_EE	Tax Deductions	\$0.00	\$25.44
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234120	13167	000000	00000	Medicare_ER	Employer Taxes	\$25.44	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234160	13167	000000	00000	SIT_RS	Tax Deductions	\$0.00	\$68.19
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603300	13167	000000	00000	SS_EE	Tax Deductions	\$0.00	\$108.78
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234190	13167	000000	00000	SS_ER	Employer Taxes	\$108.78	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	234190	13167	000000	00000	Death Benefit AFT	Voluntary Deductions	\$0.00	\$0.40
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603900	13167	000000	00000	Basic Life AFT	Voluntary Deductions	\$0.00	\$1.27
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603200	13167	000000	00000	Death Benefit ER	Employer Liabilities	\$0.51	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603900	13167	000000	00000	HAP Medical ER	Employer Liabilities	\$415.58	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603900	13167	000000	00000	Heritage Optical ER	Employer Liabilities	\$2.14	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603400	13167	000000	00000	Basic Life ER	Employer Liabilities	\$1.91	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603100	13167	000000	00000	Layoff Benefits ER	Employer Liabilities	\$59.94	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	605640	13167	000000	00000	Pension ER	Employer Liabilities	\$371.58	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	605210	13167	000000	00000	Retiree Dental	Employer Liabilities	\$24.95	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603220	13167	000000	00000	Retiree Eye Care	Employer Liabilities	\$3.91	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603405	13167	000000	00000	Retiree Hospitalization	Employer Liabilities	\$390.38	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	603100	13167	000000	00000	Workers Comp ER	Employer Liabilities	\$108.90	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	605100	13167	000000	00000	Annuity Fringe	Employer Liabilities	\$3.61	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601130	13167	000000	00000	Retiree Life	Employer Liabilities	\$3.91	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Holiday	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Dept Leave	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000	Regular Pay	Earnings	\$186.16	\$0.00

Date Effective	Employee Name	Employee_Nurt	Allocatio	OST Func	T Cost Ce	OST Proje	OST Objec	T Appropri	Utility Ac	OST Functi	Costing	Element name	Element Classification	Dr Amount	Cr Amount
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000		Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000		Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Bolton, Dinah L	14107	000.00000	2001	365070	000000	601100	13167	000000	00000		Regular Pay	Earnings	\$186.16	\$0.00
11/27/2013	Gray, Felicia M	142	000.00000	2001	365070	000000	603300	13167	000000	00000		Medicare_ER	Employer Taxes	\$15.18	\$0.00
11/27/2013	Gray, Felicia M	142	000.00000	2001	365070	000000	603220	13167	000000	00000		Retiree Hospitalization	Employer Liabilities	\$234.72	\$0.00

Organization	Date Effective	Employee Name	Employee_Num1	COST Fund	OST Cost Cent	COST Object	OST Appropriatio	Costing Element name	Element Classification	Dr Amount	Cr Amount
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601130	13167	Holiday	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	605100	13167	Retiree Life	Employer Liabilities	\$3.91	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Regular Pay	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	HAP Medical	Pre-Tax Deductions	\$0.00	\$85.34
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Heritage Optical	Pre-Tax Deductions	\$0.00	\$0.54
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	BC Trad Plus	Pre-Tax Deductions	\$0.00	\$5.57
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234192	13167	Health Care FSA	Pre-Tax Deductions	\$0.00	\$3.85
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	DC Hart NR	Pre-Tax Deductions	\$0.00	\$150.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234130	13167	City_RS	Tax Deductions	\$0.00	\$38.79
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234110	13167	FIT	Tax Deductions	\$0.00	\$158.79
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234150	13167	Medicare_EE	Tax Deductions	\$0.00	\$25.62
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603300	13167	Medicare_ER	Employer Taxes	\$25.62	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234120	13167	SIT_RS	Tax Deductions	\$0.00	\$68.69
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234160	13167	SS_EE	Tax Deductions	\$0.00	\$109.51
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603300	13167	SS_ER	Employer Taxes	\$109.51	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Death Benefit AFT	Voluntary Deductions	\$0.00	\$0.40
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Dependent Life AFT	Voluntary Deductions	\$0.00	\$0.78
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Optional Life AFT	Voluntary Deductions	\$0.00	\$6.51
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	234190	13167	Basic Life AFT	Voluntary Deductions	\$0.00	\$1.27
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603900	13167	Death Benefit ER	Employer Liabilities	\$0.51	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603200	13167	HAP Medical ER	Employer Liabilities	\$341.36	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603900	13167	Heritage Optical ER	Employer Liabilities	\$2.14	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603200	13167	BC Trad Plus ER	Employer Liabilities	\$22.28	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603900	13167	Basic Life ER	Employer Liabilities	\$1.91	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603400	13167	Layoff Benefits ER	Employer Liabilities	\$59.94	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	605640	13167	Pension ER	Employer Liabilities	\$371.58	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	605210	13167	Retiree Dental	Employer Liabilities	\$24.95	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603220	13167	Retiree Eye Care	Employer Liabilities	\$3.91	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603405	13167	Retiree Hospitalization	Employer Liabilities	\$390.38	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	603100	13167	Workers Comp ER	Employer Liabilities	\$108.90	\$0.00
365070 PDD Development BG	05/02/2014	Bolton, Dinah L	14107	2001	365070	601100	13167	Annuity Fringe	Employer Liabilities	\$3.61	\$0.00
365070 PDD Development BG	05/02/2014	Gray, Felicia M	142	2001	365070	601130	13167	Vacation Time	Earnings	\$186.16	\$0.00
365070 PDD Development BG	05/02/2014	Gray, Felicia M	142	2001	365070	605100	13167	Holiday	Earnings	\$111.93	\$0.00
								Retiree Life	Employer Liabilities	\$2.35	\$0.00

## PLANNING AND DEVELOPMENT DEPARTMENT PERSONNEL ACTIVITY REPORT INSTRUCTIONS

Pursuant to OMB A87, Part B (8) (h), Personnel Activity Reports (PAR) must be completed for all employees that work on more than one federal award to document daily work hours. This does not include staff that is charged to a single indirect cost pool, unless otherwise instructed by P&DD management. A PAR form must be prepared for each pay 14-day pay period. The following are instructions to prepare PAR forms:

1. Complete the report header information at the top of the form. Please ensure that the work period covers a full 2 weeks or 14 days consistent with the department's pay period and is signed by the employee.
2. Fill in the date for each day of a pay period, including the weekends. The employee shall list the project name (s) or work description of work performed on each work date. Under the "Funding Source" section, the employee shall list the number of work hours spent on each daily activity under the applicable funding source. A standard work day should total 8 hours, including any absence time used. Formulas are included in the "Total Hours" column and row to calculate all hours. Additional lines can be inserted into the report to capture multiple activities worked in a single day. Below is a sample scenario:

❖ John Doe is a project manager that works on public service and homeless CDBG and ESG projects. On Dec 2<sup>nd</sup>, he performed multiple tasks as captured on the PAR form below:

DATE	PROJECT NAME/ WORK DESCRIPTION	FUNDING SOURCE							TIME OFF					TOTAL HOURS	COMMENTS
		C D B G	H O M E	E S G	N S P I I	G F	B O N D	O T H E R	V A C	S I C K	D L	C - T I M E	O T H E R		
12-2-10	The Lions Club	4												4	Conducted site visit.
	Teen Help Org.			2										2	Reviewed payment request; drafted letter.
	Staff Meeting							1						1	Division staff meeting.
	C-Time											1		1	
TOTAL HOURS		4	0	2	0	0	0	1	0	0	0	1	0	8	

3. A standard work day should total 8 hours, unless previously approved (by management) for overtime. Unpaid lunch periods should not be listed on the PAR form. Also, it is not necessary to list the paid 15 minute breaks.
4. Absence time must be indicated in the appropriate columns under the "Time Off" section of the report. All time should be listed in increments of minutes and/or hours. As only four (4) of the commonly used time-off codes are listed on the spreadsheet, please use the "Other" column to denote any other time used, such as A-time, Funeral Leave, FMLA, etc.

**NOTE: The PAR forms must correspond to Work Brain time sheets or admin rosters with regards to number of hours worked and time off.**

5. The "Comments" field should be used to provide more descriptive information regarding the work activities, such as the specific work performed on each project (i.e. conducted site visit, reviewed payment request documentation) or type of training attended.
6. The form must be signed by the employee AND their supervisor or manager.
7. The original completed, signed form must be retained by the employee's supervisor or manager. Copies must be forwarded to the employee and applicable FRM staff for audit purposes.
8. Copies of the completed authorized report (evidenced by the manager or supervisor's signature) must be forwarded to FRM by 12 noon the next business day after work brain is locked for the pay period.

# SAMPLE

## PLANNING AND DEVELOPMENT DEPARTMENT PERSONNEL ACTIVITY REPORT

EMPLOYEE NAME

John Doe

WORK PERIOD

September 1 - 14, 2013

(List full 2 week/14 day period)

EMPLOYEE SIGNATURE

DATE

9-17-13

Comments are provided for each line item to describe the work performed.

DATE	PROJECT NAME/ WORK DESCRIPTION	FUNDING SOURCE								TIME OFF				TOTAL HOURS	COMMENTS
		CDBG	HOME	ESG	NSP III	GEN FUND	BOND	OTHER	VAC	SICK	DL	C-TIME	OTHER		
9/1/2013	Weekend													0	
9/2/2013	Holiday													0	
9/3/2013	Vacation Day								8				8	8	
9/4/2013	Vacation Day								8					8	
9/5/2013	HUD Training							8						8	Attended MCDA training in Lansing, MI.
9/6/2013	HUD Training							8						8	Attended MCDA training in Lansing, MI.
9/7/2013	Weekend													0	
9/8/2013	Weekend													0	
9/9/2013	The Lions Club	4												4	Conducted site visit.
	Health Awareness Organization	3												3	Reviewed payment request; drafted letter.
	Staff Meeting							1						1	
9/10/2013	Afterschool Tutoring Organization	6												6	Prepared organization's contract.
	ABC Club	2												2	Reviewed submitted documentation.
9/11/2013	Sick Day									8				8	
9/12/2013	Hope for Tomorrow Organization			4										4	Conducted site visit.
	The Food Patch	4												4	Prepared organization's contract.
9/13/2013	Babies, Inc.			4										4	Reviewed payment requests; drafted letter.
	Administrative Work							2						2	Prepared status report, filing work, etc.
	C-Time											2		2	
9/14/2013	Weekend													0	
TOTAL HOURS		19	0	8	0	0	0	19	16	8	0	2	8	80	

Miscellaneous work hours for non-project specific activities such as staff meetings, training, general admin work, etc. should be captured in the "Other" column under the Funding Source section.

Total hours for a standard 2-week period should equal 80. Unpaid time should be captured in the "Other" column under the Time Off section.

MANAGER OR SUPERVISOR'S NAME

MANAGER OR SUPERVISOR'S SIGNATURE

DATE

Original, signed form must be retained by the manager or supervisor, with copies to the employee and FRM Staff for audit purposes.  
VM - Revised September 2013

City of Detroit  
Planning and Development Department

**Federal Grant Semi-Annual Certification**

OMB A-87, Attachment B (8) (h) (3) states:

"Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi annually and will be signed by the employee *or* supervisory official having first hand knowledge of the work performed by the employee."

Please confer with your manager or supervisor to determine if this is an expectation for your position. If so, please sign and date the applicable statement (s) below.

For period of July – December \_\_\_\_\_ (list the year), I certify I am expected to work 100% solely on a single federal grant, \_\_\_\_\_.  
(List the name of the grant)

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

For the period of January - June \_\_\_\_\_ (list the year), I certify I am expected to work 100% solely on a single federal grant, \_\_\_\_\_.  
(List the name of the grant)

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Note:** The original completed, signed form must be retained by the employee's supervisor or manager. Copies must be forwarded to the employee and applicable FRM staff for audit purposes.

**Dinah Bolton - Fwd: Re: Emergency Meeting Needed for Friday, October 4th, or Monday, October 7th 2013**

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**From:** Caroline Coleman  
**To:** DEVELOPMENT  
**Date:** 10/8/2013 9:38 AM  
**Subject:** Fwd: Re: Emergency Meeting Needed for Friday, October 4th, or Monday, October 7th 2013  
**Attachments:** Work Hour Template - Dev-Re Oct 13.xls

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>>> Valeria Miller 10/7/2013 3:50 PM >>>

I apologize for the delay, but I've been pulled in 3 meetings today thus far, with another one at 4 pm. But I did manage to put the attached together in between meetings. For questions, please contact me 224-9002

>>> John Saad 10/7/2013 3:32 PM >>>

val we still waiting for your templet please forward

>>> Valeria Miller 10/4/2013 6:12 PM >>>

All, please see the attached analysis of time certification documents for RE/Dev staff for the 2012-13 fiscal year (July 1, 2012 - June 30, 2013). Employees with missing documents are highlighted in yellow. If you have information for these employees, please forward that asap. Please be reminded that we did not require PAR forms for staff paid from the GF. We are working to complete the analysis of documented work hours for each employee. But the preliminary analysis shows that many of the employees documented more GF work hours than other funding sources. We can discuss this further at the meeting.

>>> John Saad 10/4/2013 9:15 AM >>>

how about Monday at 11am or afternoon

John N. Saad P.E.  
 Manager of Real Estate and Development Division  
 Planning & Development Department  
 65 Cadillac Square Suite 2000  
 Detroit, Michigan 48226  
 TEL: (313) 224-3519  
 FAX: (313) 628-2054

>>> Fern Clement 10/3/2013 6:32 PM >>>

**Rob and Marja need to meet with the two of you and your staff ASAP.** Let me know your availability for 10/4/13 and 10/7/13. We are in emergency mode regarding 2012-13 salary expenditures. We will need estimated PAR form information ASAP. The meeting should not take more than 30-40 minutes. Thank you

Fern Clement  
 City of Detroit  
 Planning & Development Department  
 313 224-3532





**PLANNING AND DEVELOPMENT DEPARTMENT  
PERSONNEL ACTIVITY REPORT INSTRUCTIONS**

Pursuant to OMB A87, Part B (8) (h), Personnel Activity Reports must be prepared by employees that work on more than one federal award to document work hours. This does not include staff that is charged to a single indirect cost pool, unless otherwise instructed by P&DD management. The following are instructions to prepare PAR forms:

1. A form must be prepared by each applicable employee. The "Default Funding Source" is where the employee's position is budgeted (i.e. CDBG). Please see the "Internal FTE Report" for this information.
2. Fill in the appropriate day of the week next to the corresponding date. For each work day, the employee shall list the time worked under each funding source. Lunch periods and time off must be indicated in the appropriate columns. All time should be listed in increments of minutes and/or hours. As only four (4) of the commonly used time-off codes are listed on the spreadsheet, please use the "Other" column to denote any other time used. *Note: The PAR forms must correspond to Work Brain time sheets or admin rosters with regards to number of hours worked and time off.*
3. PAR forms should reflect standard work hours, unless previously approved (by management) for overtime. Employees with **paid** lunch breaks should reflect 7 work hours and 1 lunch hour on a normal work day, totaling an 8-hour day. However, employees with **unpaid** lunch breaks should reflect 8 work hours and a 30 or 60 minute lunch (as pre-approved), totaling a 8.5 or 9-hour work day. Below are sample work days:
  - a. Regular work day (8 hours) for a paid lunch employee may appear as:

i. CDBG:	3 hours
ii. NSP I:	2 hours
iii. CDBG – R:	2 hours
iv. Lunch	<u>1 hour</u>
Total Hours	8 hours
  - b. Regular work day (8 hours) for an unpaid lunch employee may appear as:

i. HOME	4 hours
ii. CDBG-R	4 hours
iii. Lunch	<u>30 minutes</u> (unpaid)
Total Hours	8.5 hours
4. Formulas are included in the "Total Hours" column and row to calculate all hours.
5. The "Comments" field should be used to list other helpful information regarding the work hours, such as the project name (s) for hours worked under the funding source (s).
6. The form must be signed by the employee AND their supervisor or manager.
7. The original completed, signed form must be retained by the employee's supervisor or manager. Copies must be forwarded to the employee and applicable FRM staff for audit purposes.

VM June 2012

City of Detroit  
Planning and Development Department  
Federal Grant Semi-Annual Certification

OMB A-87, Attachment B (8) (h) (3) states:

"Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi annually and will be signed by the employee *or* supervisory official having first hand knowledge of the work performed by the employee."

Please confer with your manager or supervisor to determine if this is an expectation for your position. If so, please sign and date the applicable statement (s) below.

For period of July – December \_\_\_\_\_ (list the year), I certify **I am expected to work 100% solely** on a single federal grant.

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

For the period of January - June \_\_\_\_\_ (list the year), I certify **I am expected to work 100% solely** on a single federal grant.

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Note: The **original** completed, signed form must be retained by the employee's supervisor or manager. Copies must be forwarded to the employee and applicable FRM staff for audit purposes.

VM – Revised July 2012

City of Detroit  
Planning and Development Department

Confirmation of Work

This notice confirms that my direct reports (**print** employee names)

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are **NOT** expected to work on a single federal award for the time period of:

July – December \_\_\_\_\_ (list the year)

January - June \_\_\_\_\_ (list the year)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: The **original** completed, signed form must be retained by the signer. A copy must be forwarded to applicable FRM staff for audit purposes.

VM – 9/12

City of Detroit  
Planning and Development Department  
Federal Grant Semi-Annual Certification

OMB A-87, Attachment B (8) (h) (3) states:

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Please confer with your manager or supervisor to determine if this is an expectation for your position. If so, please sign and date the applicable statement (s) below.

For period of July – December \_\_\_\_\_ (list the year), I certify **I am expected to work 100% solely** on a single federal grant.

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

For the period of January - June \_\_\_\_\_ (list the year), I certify **I am expected to work 100% solely** on a single federal grant.

Print *Employee* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print *Manager/Supervisor* Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Note: The **original** completed, signed form must be retained by the employee's supervisor or manager. Copies must be forwarded to the employee and applicable FRM staff for audit purposes.

VM – Revised July 2012

## Dinah Bolton - Fwd: REMINDER - PAR FORMS AND CERTIFICATIONS

**From:** James Marusich  
**To:** Edward Lowe; Mitchell, Alvin; Norman Trotter; Stephanie Crews  
**Date:** 10/1/2012 12:30 PM  
**Subject:** Fwd: REMINDER - PAR FORMS AND CERTIFICATIONS  
**Attachments:** PAR FORM INSTRUCTIONS.pdf; PAR Form 2012.xls; Bi-Annual Certification July 2012 - VM - Master Copy.pdf; Confirmation Letter - No Single Awards Sept 2012 - VM - Master Copy.pdf

These are the new forms, effective July 1, 2012.  
 JM

>>> Valeria Miller 9/13/2012 12:50 PM >>>

All, please be reminded that effective July 1, 2012, the PAR form was revised to capture employee work hours on a monthly basis. That said, each employee required to prepare the document should only submit a monthly report to reflect their work hours on each grant or funding source.

Below are some of the errors discovered on previously submitted forms:

- Unsigned reports. The PAR forms must be signed by the employee *AND* the manager or supervisor. If corrections are needed on the forms of staff no longer with the department, the manager or supervisor must certify the data.
- Work hours listed incorrectly. The elimination of paid lunches for non-union employees and employees of bargaining units that have settled or imposed contracts was **effective December 12, 2011**. For P&DD, that applied to most of our staff. This policy was also imposed on APTE members this past Monday (September 10th). As such, after the effective date of the 40-hour work week, **all 8 work hours**, should be listed under a funding source (i.e. CDBG, HOME, NSP I). Employees with unpaid lunches, including admin roster staff, now have a 8.5 hour shift, including a 30 minute lunch.
- Conflicts with work brain data. The work hours listed on the PAR forms must correlate to work brain to avoid audit findings. For example, a PAR form can not show that an employee worked today and work brain reflects that the employee was on vacation.

Lastly, please be reminded that employees expected to work on a single federal award must also prepare bi-annual certifications. For added coverage, a certification form must be completed by managers and supervisors that do **NOT** expect direct reports to work on a single federal award during a specified period. This is now required as the auditors sited us for not having documentation on file to certify that staff was not expected to work on a single award. As the certification form is a prediction for future work assignments, the information for each time period should be completed and signed within the first few weeks of the period to ensure compliance. For example, the information for July-December should be signed by mid July. Certifications **AND** PAR forms are required for applicable staff.

Attached are additional forms for your use. Please share this with your staff and ensure that copies are forwarded to me for auditing purposes. As we continue to review documents, please note that forms will be returned to managers and supervisors for correction for the above and other errors as needed. You will also be notified of missing forms for you and/or your staff. For questions, please contact me at 224-9002. Thanks

**PLANNING AND DEVELOPMENT DEPARTMENT  
PERSONNEL ACTIVITY REPORT**

EMPLOYEE NAME \_\_\_\_\_

WORK PERIOD \_\_\_\_\_  
(List full 2 week/14 day period)

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FUNDING SOURCE														TIME OFF		TOTAL HOURS	COMMENTS
DATE	PROJECT NAME/ WORK DESCRIPTION	CDBG	HOME	ESG	NSP III	GEN FUND	BOND	OTHER	VAC	SICK	DL	C-TIME	OTHER				
																0	
																0	
																0	
																0	
																0	
																0	
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																0	
																0	
																0	
																0	
																0	
																0	
																0	
TOTAL HOURS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

\_\_\_\_\_  
MANAGER OR SUPERVISOR'S NAME

\_\_\_\_\_  
MANAGER OR SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Dinah Bolton - Furlough Waiver**

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**From:** Robert Anderson  
**To:** Alexander, John; All P&DD Employees; Clement, Fern; Duncan Wilson; M...  
**Date:** 2/24/2012 4:00 PM  
**Subject:** Furlough Waiver  
**Cc:** Baran, John; Beaver, Karen; Nyeche, Chidi; Saad, John; Winters, Marja

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The mayor's office has approved our request for staff working on closing CDBG line items, reconciliation of IDIS, PDDIDIS and DRMS as well as those contributing to the effort to expedite spending towards all our federal funds deadlines. Since this is short notice, Monday Feb. 27 is optional. All subsequent furlough days will be treated as regular work days requiring attendance and focus on the approved tasks. I ask that each division provide me a list of employees that are subject to this change.

While we have a number of challenges before us, the most pressing is that as of this writing, we have 59 business days to draw down over \$20 million in CDBG funding. In my first 13 months here I have challenged all of you to step up your efforts and get creative about finding new ways to deliver our services. There are many examples of how we are improving our performance individually and collectively as I have seen you rise to multi-task under pressure. I request that each of you continue to ask yourself if there are ways for you to make a greater contribution to our challenges.

With some of the new ideas brought forward, I believe we can reach this CDBG performance goal. Nowhere in my 20 + year career across 5 cities has it been more true that for those of us in the municipal planning and development profession, we must **specialize in the impossible** to make a difference for the citizens that rely on us. Thanks for your extra efforts and don't hesitate to contact me if you have additional ideas for success.  
THX Rob



**Dinah Bolton - PFR contracts Boiler plate**

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**From:** John Saad  
**To:** Aleobua, Paul; Bolton, Dinah; Coleman, Caroline; Gray, Felicia M; Mi...  
**Date:** 2/6/2014 2:58 PM  
**Subject:** PFR contracts Boiler plate  
**Cc:** Cunningham, Renee; mscherer@atlate-co.com; trisha.stein@att.net  
**Attachments:** pdffacadecontract.pdf; Public Facility Rehab100413.pdf

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Attached are the PFR contracts boiler plate prepared by Miss Cunningham shop. Please review and send comments to Miss Cunningham for correction if any . We are ready to move on our 13-14 allocation contract preparation to encumber the fund. With defined and approved boiler plate by all entity within a week , our shop is ready to have all 13-14 allocation at City Council agenda within 3 to 4 weeks . This process for the records used to take 4 to 6 months. Please understand that we are not undermining any division along the process were each has a vital role in the process.

John N. Saad P.E.  
 Manager of Real Estate and Development Division  
 Planning & Development Department  
 65 Cadillac Square Suite 2000  
 Detroit, Michigan 48226  
 TEL: (313) 224-3519  
 FAX: (313) 628-2054

**Dinah Bolton - Re: FRM payment process for DLBA**


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**From:** Brian Watkins  
**To:** Clement, Fern  
**Date:** 1/14/2011 3:02 PM  
**Subject:** Re: FRM payment process for DLBA  
**Cc:** Bolton, Dinah; Neal-Thompson, Margaret; Scarboro, Lisa; Tucker, Thoma...

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So noted, and thank you for the additional clarity in our subsequent meetings.

Have a good day.

Brian Watkins  
 City of Detroit Planning and Development Department  
 Tax Abatements Manager  
 65 Cadillac Square Suite 2000  
 Detroit, MI 48226

P: 313.224.9973

F: 313.628.2054

>>> Fern Clement 1/14/2011 9:33 AM >>>

The DLBA project manager will ensure that DLBA payments meet all HUD requirements including HUD allowable/unallowable costs. In addition, the DLBA project manager will ensure Financial & Resource Management (FRM) NSP and Finance requirements are also met (i.e. NSP package is complete and contains an accurate description of activities submitted for payment) before submitting the payment(s) to Financial Management (FM) team staff (Lisa Scarboro, Manager). FM staff will process the payment(s) through DRMS and forward the payment package(s) to Grants Management (Chris Raschke) staff for drawdown.

Grants Management staff will drawdown and approve DLBA payment(s) in DRGR. Grants Management staff will then forward the approved payment package(s) to FRM management for signature and forward the package(s) to Accounts Payable for payment.

Fern Clement  
 City of Detroit  
 Planning & Development Department  
313 224-3532

**Dinah Bolton - DLBA**

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**From:** Dinah Bolton  
**To:** Lashae Currie; Anthony Smith  
**Date:** 6/16/2015 12:55 PM  
**Subject:** DLBA  
**Cc:** - John Saad

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Hello:

I have payments in the amounts of :

\$22,070.97  
\$74,775.13  
\$24,233.73  
\$17,585.00

Dinah L. Bolton  
City of Detroit  
Planning & Development Department  
Development Division  
Coleman A. Young Municipal Center (CAYMC)  
2 Woodward Avenue  
Suite 808  
Detroit, MI 48226  
(313) 224-4191 - office  
(313) 224-1310 - fax  
[dbolton@detroitmi.gov](mailto:dbolton@detroitmi.gov)

Contracts

<u>contract #</u>	<u>Organization</u>	<u>ending balance</u>	<u>APN Beginning</u>	<u>Payment Amount</u>	<u>Date</u>	<u>Status</u>
2825311		\$ -	\$ 1,439.06	\$ 1,439.06	10/30/2013	Paid
2859814		\$ 96,439.04	\$ 100,000.00	\$ 3,560.96	10/30/2013	Paid
2858152		\$ 109,460.00	\$ 200,000.00	\$ 90,540.00	9/17/2013	Paid
2858152		\$ 24,913.00	\$ 76,160.00	\$ 51,247.00	12/10/2013	Paid
2858152		\$ 76,160.00	\$ 109,460.00	\$ 33,300.00	11/27/2013	Paid
2885389		\$ 408,335.00	\$ 700,000.00	\$ 291,665.00	12/3/2013	Paid
* 2863909				\$ 26,640.00	12/5/2013	Paid
2867747		\$ 11,770.28	\$ 16,306.73	\$ 4,536.45	11/4/2013	Paid
2842295		\$ -	\$ 7,748.44	\$ 7,748.44	1/14/2014	
2831359		\$ 24,343.20	\$ 122,868.00	\$ 98,524.80	10/16/2013	
2866524		\$ 66,045.75	\$ 170,964.73	\$ 104,918.98	10/30/2013	Paid
2865055		\$ -	\$ 61,677.90	\$ 61,677.90	11/14/2013	
2870540		\$ 33,946.86	\$ 100,000.00	\$ 66,053.14	1/24/2014	Paid
2870540		\$ -	\$ 33,946.86	\$ 33,946.86	1/24/2014	Paid
2885390		\$ 291,669.00	\$ 408,335.00	\$ 116,666.00	2/12/2014	Paid
2885384		\$ 98,400.00	\$ 100,000.00	\$ 1,600.00	2/20/2014	Paid

2885387	\$	83,338.00	\$	200,000.00	\$	116,662.00	2/20/2014	paid
2859805	\$	88,804.50	\$	100,000.00	\$	11,195.50	2/3/2014	
2856337	\$	-	\$	18,854.50	\$	18,854.50	2/3/2014	
2885389	\$	233,336.00	\$	291,669.00	\$	58,333.00	3/10/2014	Paid
2885387	\$	66,672.00	\$	83,338.00	\$	16,666.00	3/10/2014	Paid
2862737	\$	-	\$	27,738.76	\$	27,738.76	3/17/2014	
2831359	\$	-	\$	24,343.20	\$	24,343.20	3/17/2014	
2867747	\$	-	\$	16,287.88	\$	16,287.88	3/18/2014	
2867747	\$	2,452.88	\$	750,000.00	\$	72,547.12	3/18/2014	
2821426	\$	-	\$	1,188.80	\$	1,188.80	3/20/2014	
2613154	\$	-	\$	6,916.00	\$	6,916.00	3/21/2014	Paid
2882381	\$	1,231,057.33	\$	1,500,000.00	\$	268,942.67	4/3/2014	
2867747	\$	11,770.28	\$	16,306.73	\$	4,536.45	4/9/2014	
2885389	\$	175,003.00	\$	233,336.00	\$	58,333.00	4/8/2014	Paid
2885386	\$	50,006.00	\$	50,006.00	\$	16,666.00	4/8/2014	Paid
2842420	\$	81,715.82	\$	91,624.82	\$	9,909.00	4/25/2014	
2842420	\$	90,909.00	\$	91,624.82	\$	8,375.18	4/22/2014	Paid

				\$	1,880.00		from Paul
2885390				\$	58,333.00	5/2/2014	Paid
2885386				\$	16,666.00	5/2/2014	Paid
2859814	\$	96,439.04	\$	100,000.00	\$	3,560.96	10/30/2013
2859814	\$	89,739.02	\$	91,439.04	\$	1,700.02	4/30/2014
2859816	\$	91,239.04	\$	94,739.04	\$	3,500.00	5/15/2004
2844823	\$	37,630.59	\$	58,283.09	\$	20,652.50	4/21/2014
2885396	\$	100,000.00	\$	92,637.04	\$	7,362.96	4/21/2014
2863909	\$	39,756.14	\$	33,370.54	\$	6,385.60	6/4/2014
2863909	\$	33,370.54	\$	23,518.58	\$	9,851.96	6/17/2014
2882381	\$	1,500,000.00	\$	1,046,289.08	\$	453,710.92	6/5/2014
2842416	\$	-	\$	5,424.78	\$	5,424.78	6/19/2014
2885386				\$	16,666.00	6/4/2014	
2885389				\$	58,333.00	6/4/2014	
2885386	\$	-	\$	16,674.00	\$	16,674.00	7/8/2014
2885390	\$	-	\$	58,337.00	\$	58,337.00	7/8/2014
2844833	\$	9,442.38	\$	21,186.41	\$	11,744.03	7/2/2014

2883798 I	\$	590,784.43	\$	1,046,289.08	\$	455,504.65	7/2/2014
2885396 I	\$	90,552.10	\$	92,637.04	\$	2,084.94	7/2/2014
2863911 .	\$	-	\$	23,518.58	\$	23,518.58	7/2/2014
2863911 .	\$	47,654.38	\$	50,000.00	\$	2,345.62	7/2/2014
2885385 I	\$	91,470.00	\$	98,400.00	\$	6,930.00	7/2/2014

**PLANNING AND DEVELOPMENT DEPARTMENT  
PERSONNEL ACTIVITY REPORT**

EMPLOYEE NAME

Dinah Bolton

WORK PERIOD

December 8, 2013 - December 21, 2013  
(List full 2 week/14 day period)

EMPLOYEE SIGNATURE

*Dinah Bolton*

DATE

1/7/2013

DATE	PROJECT NAME/ WORK DESCRIPTION	FUNDING SOURCE								TIME OFF					TOTAL HOURS	COMMENTS
		CDBG	HOME	ESG	NSP I	NSP III	GEN FUND	BOND	OTHER	VAC	SICK	DL	C-TIME	OTHER		
12/8/2013	Weekend														0	
12/9/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/10/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/11/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/12/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/13/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/14/2013	Weekend														0	
12/15/2013	Weekend														0	
12/16/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/17/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/18/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/19/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/20/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/21/2013	Weekend														0	
TOTAL HOURS		40	0	0	20	20	0	0	0	0	0	0	0	0	80	

MANAGER OR SUPERVISOR'S NAME

MANAGER OR SUPERVISOR'S SIGNATURE

DATE



**PLANNING AND DEVELOPMENT DEPARTMENT  
PERSONNEL ACTIVITY REPORT**

EMPLOYEE NAME

Dinah Bolton

WORK PERIOD

November 24, 2013 - December 7, 2013  
(List full 2 week/14 day period)

EMPLOYEE SIGNATURE

*Dinah Bolton*

DATE

12/10/2013

**FUNDING SOURCE**

DATE	PROJECT NAME/ WORK DESCRIPTION	CDBG	HOME	ESG	NSP I	NSP III	GEN FUND	BOND	OTHER	VAC	SICK	DL	C-TIME	OTHER	TOTAL HOURS	COMMENTS
11/24/2013	Weekend														0	
11/25/2013														8	8	jury duty
11/26/2013	Section 108/ DLBA/Contracts	4			2	2									8	
11/27/2013	Section 108/ DLBA/Contracts	4			2	2									8	
11/28/2013														8	8	holiday
11/29/2013														8	8	holiday
11/30/2013	Weekend														0	
12/1/2013	Weekend														0	
12/2/2013										8					8	
12/3/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/4/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/5/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/6/2013	Section 108/ DLBA/Contracts	4			2	2									8	
12/7/2013	Weekend														0	
<b>TOTAL HOURS</b>		<b>24</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>80</b>	

MANAGER OR SUPERVISOR'S NAME

MANAGER OR SUPERVISOR'S SIGNATURE

DATE